

Interlake Adult Learning Association, Inc. (IALA)
SALARY CLAIM FORM
IMPORTANT: Use separate claim form for each work assignment!

Name: Joe Blow

Address: Box 8

Phone: 633 7722 S.I.N.

Pay Period: Oct/06 Position: facilitator
 (month/year) (e.g., instructor, facilitator, etc.)

Dates Worked: _____

Total # Delivery Hours: 12 Rate of Pay: \$12 Total \$ Claimed \$144

Total # Preparation Hours _____ Rate of Pay _____ Total \$ Claimed _____

Delivery hrs Budgeted _____; Used _____ Preparation hrs Budgeted _____; Used _____

Program: Check only <u>ONE</u> <input type="checkbox"/> Ashern <input type="checkbox"/> Gimli <input type="checkbox"/> Fisher Branch B.U.D.S. <input type="checkbox"/> Arborg <input type="checkbox"/> Playgroup / Beach Buddies _____ _____ _____ _____	Funders: Check all that apply <input type="checkbox"/> AL&L <input checked="" type="checkbox"/> ALT <input type="checkbox"/> HCI <input type="checkbox"/> WEM <input type="checkbox"/> NLS Essential Skills <input type="checkbox"/> NLS Parent Time Learning <input type="checkbox"/> Raise a Reader <input type="checkbox"/> Literacy for Life _____
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Professional Development: (State name and date of workshop/meeting and whether full or half day long)

Honoraria: (State purpose, date & amount claimed) _____

I declare that the information provided is true.

Signature: _____